PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10603670

		MALL EN	ITITY		OTHER	THAN						
	<u></u>		(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			43					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			4 5 minus 20=		* 23			X\$ 9=		OR	, X\$18=	414
INDEPENDENT CLAIMS			12 mi	nus 3 =	* / 0			X42=		OR	X84=	840
MULTIPLE DEPENDENT CLAIM PRESE								+140=		OR	+280=	
* If the difference in column 1 is less th				than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	Jory
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)		(Colur				SMALL ENTITY		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 01 1111	-		X42=		OR	X84=	P
	FIRST PRESE	NTATION OF MI	JLI IPLE DEF	PENDENI	CLAIM		ľ	+140=	· •	OR	+280=	
	(Column 1) (Column 2) (Column 3)							TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
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AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	= -		X42=		OR	X84=	
<u></u>	THOTTHEOL	TYATION OF IM	JETH CE DET	LINDLINI	OLANI			+140=		OR	+280=	, ,
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	_	(Colur	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=			X84=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		H	- · · - -		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									·	OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		nber Previously Pa					r foun	nd in the app	ropriate box	c in col	lumn 1.	